



CLACKAMAS COUNTY SHERIFF
 2223 Kaen Road
 Oregon City, OR 97045
 503-785-5000



DOMESTIC VIOLENCE LETHALITY SCREEN for FIRST RESPONDERS

Reporting Officer(s)	DPSST	Date	Incident #
Victim	Offender		
<input type="checkbox"/> Check here if victim did not answer ANY of the questions			

A positive response to any of questions 1 – 3 automatically triggers the protocol referral.	Yes	No	Not answered
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you think he/she might try to kill you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative responses to questions 1 – 3 but positive responses to at least four of questions 4 – 11 automatically trigger the protocol referral.			
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has he/she ever tried to choke you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is he/she unemployed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A deputy may trigger the protocol referral, if not already triggered above, as a result of the victim's responses to the questions below, or whenever the deputy believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Describe what worries you

CHECK ONE: VICTIM SCREENED IN ACCORDING TO THE PROTOCOL
 VICTIM SCREENED IN BASED ON THE BELIEF OF THE DEPUTY
 VICTIM DID NOT SCREEN IN

If the victim screened in, and after receiving advisement of a high risk assessment, did the victim speak with the hotline counselor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Note: The questions above and the criteria for determining the level of risk a person faces are based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors influencing risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not expect to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

Submit Lethality Screen with Incident Report to Records.